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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 844426

(7)

1. Corporation Name

NEBRASKA BOOK COMPANY, INC.

Principal Place of Business

4700 SO. 19TH STREET  
LINCOLN NE 68512

Mailing Address

P.O. BOX 80529  
LINCOLN NE 68501

3. Date Incorporated or Qualified

10/24/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

47-0549819

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OPPEGARD, MARK W.	
STREET ADDRESS	3033 SO. 20TH ST.	
CITY - ST - ZIP	LINCOLN NE 68502	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REMPE, LARRY R.	
STREET ADDRESS	5712 CALVERT	
CITY - ST - ZIP	LINCOLN NE 68506	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFF, THOMAS A.	
STREET ADDRESS	2823 DRAKE	
CITY - ST - ZIP	LINCOLN NE 38516	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JIROVSKY, KENNETH J.	
STREET ADDRESS	6120 WOODSTOCK	
CITY - ST - ZIP	LINCOLN NE 38512	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H	
STREET ADDRESS	8000 PIONEERS BLVD.	
CITY - ST - ZIP	LINCOLN NE 68506	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	BAUMEISTER, JOHN D.	
STREET ADDRESS	3824 TIMBERLINE CT.	
CITY - ST - ZIP	LINCOLN NE 68506	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VS
5.3 STREET ADDRESS	Ardean A. Arndt
5.4 CITY - ST - ZIP	8333 Water Tower Ct. Lincoln, NE 68516
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Bruce E. Nevius
6.4 CITY - ST - ZIP	1518 W. "O" Street Road Plesant Dale, NE 68423

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ardean A. Arndt

4/08/97

402-421-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0627991

CR2E034 (9/96)